

PATENT APPLICATION TRANSMITTAL LETTER
(Small Entity)

Docket No.
0717-00001

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

Jamie Howton

For: AUTOMOBILE GAUGE FACES MADE OF STAINLESS STEEL AND OTHER METALS

Enclosed are:

- Certificate of Mailing with Express Mail Mailing Label No. EV 318170808 US
- 3 sheets of drawings.
- A certified copy of a application.
- Declaration Signed. Unsigned.
- Power of Attorney
- Information Disclosure Statement
- Preliminary Amendment
- Verified Statement(s) to Establish Small Entity Status Under 37 C.F.R. 1.9 and 1.27.
- Other: Assignment

22154 U S PTO
10/662154
09/12/03



CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	20	- 20 =	0	x \$9.00	\$0.00
Indep. Claims	2	- 3 =	0	x \$42.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>				\$0.00
				BASIC FEE	\$375.00
				TOTAL FILING FEE	\$375.00

- A check in the amount of \$375.00 to cover the filing fee is enclosed.
- The Director is hereby authorized to charge and credit Deposit Account No. 04-1131 as described below.

- Charge the amount of as filing fee.
- Credit any overpayment.
- Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated: 9/12/03



Signature

Micheal T. Raggio (Reg. No. 36,645)
Dinnin & Dunn, P.C.
2701 Cambridge Court, Ste. 500
Auburn Hills, MI 48326
(248) 364-2100

cc:

17649 U.S. PTO
03/27/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$415.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Jamie Howton
Examiner Name	
Group Art Unit	
Attorney Docket No.	0717-00001

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:Deposit Account Number **04-1131**Deposit Account Name **Dinnin & Dunn, P.C.**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES
Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non - English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
Total Claims	20 -20** = 0	X	= 0.00		
Independent Claims	2 - 3** = 0	X	= 0.00		
Multiple Dependent			= 0.00		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)	(\$)	\$375.00			
Fee from below		Fee Paid			
Extra Claims					
Total Claims	20 -20** = 0	X	= 0.00		
Independent Claims	2 - 3** = 0	X	= 0.00		
Multiple Dependent			= 0.00		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)	(\$)	\$0.00			

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

\$40.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael T. Raggio	Registration No. (Attorney/Agent)	36,645	Telephone	(248) 364-2100
Signature				Date	9/12/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.